

# ACTUAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>19-MAR-2016</b>		2. ADDRESS OF OCCURRENCE <b>2659 N MONITOR AVE CHICAGO, IL 60639</b>		3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>2514</b>	
5. POSITION <b>9161</b>	6. LAST NAME <b>ROLDAN</b>	7. FIRST NAME <b>GIOVANNI A</b>	8. STAR NO. <b>12457</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE <b>510</b>	13. WT. <b>180</b>
14. DATE OF APPT. <b>29-APR-2002</b>		15. EMPLOYEE NO. <b>019</b>	16. UNIT & BEAT OF ASSIGNMENT <b>019</b>		17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off		18. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
20. LAST NAME <b>CASTENADA</b>		21. FIRST NAME <b>ANTHONY</b>		22. M.I. <b>WWH</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>10-APR-1983</b>	25. HT. <b>511</b>
26. ADDRESS <b>2659 N MONITOR AVE CHICAGO, IL 60639</b>		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <b>VERBAL THREAT (ASSAULT)</b>		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM? <b>DR SANTIAGO</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
36. CHARGES PLACED <b>725 ILCS 5.0/110-3, 720 ILCS 5.0/12-3.05-F-1, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0</b>				37. CB NO. <b>19262423</b>			



SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: DEADLY FORCE
	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____
MEMBER'S RESPONSE	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)	<input checked="" type="checkbox"/> FIREARM <input type="checkbox"/> OTHER _____

40. ADDITIONAL INFORMATION  
**SUBJECT ARMED WITH AND UTILIZED A BASEBALL BAT**

41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>	
45. MAKE/MANUFACTURER <b>SMITH &amp; WESSON -US- (BODYGUARD, CHIEF SPECIAL)</b>		46. MODEL <b>5943</b>		47. BARREL LENGTH <b>4</b>		48. CALIBER/GAUGE <b>9 MM</b>	
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) <b>VJF2988</b>		51. CHICAGO GUN REG. NO. <b>629691</b>		52. IL FIREARM OWNER ID. NO. <b>94150301</b>	
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>9MM</b>	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>2</b>		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>0</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>FOREARM</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0-5 FT. <input type="checkbox"/> 02 6-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	

70. EVENT NO.  
**1607915243**

71. R.D. NO.  
**HZ193832**

NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
73. REPORTING MEMBER (Print Name) <b>SULLIVAN, JOSEPH O</b> 20-MAR-2016 04:37:03 STAR/EMPLOYEE NO. <b>2632</b> SIGNATURE 	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.	
74. REVIEWING SUPERVISOR (Print Name) <b>SULLIVAN, JOSEPH D</b> STAR NO. <b>2632</b> SIGNATURE 	DATE REVIEWED <b>20-MAR-2016 04:39:00</b> TIME

LOG# **1679728**  
Attachment **2**

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject at hospital in surgery.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary finding that Officer Roldan acted in compliance with department procedures.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO. / CRNO. 1079728 OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

### SIGNATURE

[Redacted Signature]

### DATE COMPLETED

### TIME

20-MAR-2016 05:05:27

### 79. TOTAL TRR'S THIS EVENT No.

2

LOG# 1079728

Attachment 8